

Outreach and Evaluation Form

Date of Call: _____

Note: It is helpful for Help Network members to document calls for evaluation purposes, but is not required nor encouraged if a caller is concerned about disclosing personal information.

Your Name: _____

Your relationship to the "at-risk" driver:

Self	Parent
Spouse	Friend
Child	Physician
Sibling	Law Enforcement
Other: _____	

Address: _____

City/Town: _____ Zip Code: _____

Phone: _____

Nature of inquiry: _____

Driving Safety Concerns (check all that apply)

- Doesn't obey stop signs, traffic lights or yield right-of-way.
- Doesn't obey other traffic signs (no left turn, no turn on red, etc.)
- Drives too slowly - usually well below the speed limit
- Gets lost routinely - is taking 2 hours to get to the hairdresser or home
- Drives aggressively
- Stops inappropriately
- Doesn't pay attention to other vehicles, bicyclists, pedestrians, road hazards
- Doesn't stay in lane when turning and driving straight
- Driver's spouse, companion, driver's friends or passengers, repeatedly comment about close calls, near misses, driver not seeing other vehicles or unsafe driving
- Has been involved in multiple fender benders
- Has been ticketed for moving violations
- Gets honked at often

Medical And Behavioral Concerns (check all that apply)

Vision problems (cataracts, glaucoma, macular degeneration, retinitis pigmentosa, diabetic retinopathy)
Memory loss
Problems with judgement
Indecisiveness
Disorientation
Unadaptability
Disinhibition (no longer feeling inhibited - improper behavior in social situations)
Dysmobility (loss of coordination)
Fatigue
Not being quick verbally
Squinting, not following visual patterns
Confusion
Not hearing or following verbal instructions
Giving inappropriate response
Tripping and falling, especially when changing positions or walking on uneven ground
Trouble with fine or gross motor tasks, especially stiff joints
Dizziness when changing positions
Shortness of breath

Actions taken by Help Network (please include the date)

Permission granted to obtain follow-up information regarding request/situation: **Yes**

Follow-up/feedback (please include the date)

Comments:
